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Feb 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 758063 (2)

1. Corporation Name  
THE MEADOWS OF MIRAMAR HOMEOWNERS ASSOCIATION NO 2, INC.



Principal Place of Business Mailing Address  
C/O SUMMIT PROPERTY MANAGEMENT P. O. BOX 189013 PLANTATION FL 33318 US  
C/O SUMMIT PROPERTY MANAGEMENT P. O. BOX 189013 PLANTATION FL 33318-9013 US

3. Date Incorporated or Qualified 09/08/1981  
3a. Date of Last Report 04/22/1996  
4. FEI Number 59-2147734 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
C/O SUMMIT PROPERTY MANAGEMENT  
6289 W. SUNRISE BLVD.  
SUITE 202  
SUNRISE FL 33313

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) 4450 W. Sunrise Boulevard  
83 Suite C-100  
84 City Plantation FL 85 Zip Code 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Gail H. Sangunett* Gail H. Sangunett, V.P. - Administration 2/7/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include VPD SULZBACH, JEAN; PD HINDMAN, DOROTHY; TD TURNQUEST, COLLIN; D BACQUIE, SHEILA.

Table with 2 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows for additions/changes to officers and directors.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Dorothy Hindman* Dorothy Hindman 2/6/97 (954) 792-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0036779

CF2E037 (9/96)